### **EXHIBIT A**

Schedule of Claims Subject to the Five Hundred Fifty-Fourth Omnibus Objection

# Case:17-03283-LTS Doc#:24098-1 Filed:05/02/23 Entered:05/02/23 11:02:04 Desc: Exhibit A - Schedule of Claims Subject to the Five Hundred Fifty-Fourth Omnibus Page 2 of 7 Five Hundred Fifty-Fourth Omnibus Objection

## Exhibit A - Claims to Be Liquidated and Allowed

### **ASSERTED**

|   | NAME   | CLAIM# | DEBTOR   | PRIORITY<br>STATUS               | AMOUNT                            | DEBTOR   | PRIORITY<br>STATUS | AMOUNT      |
|---|--|--------|--|----------------------------------|-----------------------------------|--|--------------------|-------------|
| 1 | CE & L FIRE<br>EXTINGUISHERS<br>PO BOX 3092<br>BAYAMON, PR 00960   | 12404  | Commonwealth of Puerto Rico  | Unsecured                        | Undetermined*                     | Commonwealth of Puerto Rico                                    | Unsecured          | \$72.00     |
|   |  |        | the Proof of Claim, and/or addition 2.00 for the Claim, such amount fu   |                                  |                                   | imant and/or the Puerto Rico Fise                              | cal Agency and     |             |
| 2 | CEMEX CONCRETOS, INC. (AND/OR CEMEX DE PUERTO RICO, INC.) SUCCESSOR IN INTEREST OF READY MIX CONCRETE, INC. GONZALEZ & ROIG PO BOX 193077 SAN JUAN, PR 00919-3077 Reason: The Proof of Claim, do | 78288  | Commonwealth of Puerto Rico  o the Proof of Claim, and/or addition   | Unsecured  onal documentation re | \$45,175.30* eceived from the Cla | Commonwealth of Puerto Rico  imant and/or the Puerto Rico Fise | Unsecured          | \$45,175.30 |
| 3 |  |        | 5,175.30 for the Claim, such amou  |                                  |                                   | Community of Donate Disc                                       | IId                | \$25,000,00 |
| 3 | COLON QUIÑONES,<br>CHRISTOPHER<br>DONALD MILÁN GUINDÍN<br>PO BOX 1565<br>LAJAS, PR 00667   | 6605   | Commonwealth of Puerto Rico  | Unsecured                        | \$35,000.00*                      | Commonwealth of Puerto Rico                                    | Unsecured          | \$35,000.00 |
|   | ,  |        | the Proof of Claim, and/or additions, such amounts of the Claim, and/or additions of the C |                                  |                                   | I imant and/or the Puerto Rico Fise                            | cal Agency and     |             |

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### ASSERTED

|   | NAME   | CLAIM# | DEBTOR   | PRIORITY<br>STATUS | AMOUNT       | DEBTOR                                 | PRIORITY<br>STATUS | AMOUNT      |
|---|--|--------|--|--------------------|--------------|--|--------------------|-------------|
| 4 |  |        | Commonwealth of Puerto Rico  the Proof of Claim, and/or addition 2,209.10 for the Claim, such amou |                    |              | Commonwealth of Puerto Rico            | Unsecured          | \$12,209.10 |
| 5 | COOPERATIVA DE SEGUROS MULTIPLES DE PUERTO RICO HECTOR E. VALDES ORTIZ, ESQ. 8461 LAKE WORTH ROAD SUITE 420 LAKE WORTH, FL 33467 | 23193  | Commonwealth of Puerto Rico  | Unsecured          | \$500.00*    | Commonwealth of Puerto Rico            | Unsecured          | \$500.00    |
|   |  |        | the Proof of Claim, and/or addition 00.00 for the Claim, such amount                               |                    |              | I<br>imant and/or the Puerto Rico Fiso | cal Agency and     |             |
| 6 | COOPERATIVA DE SEGUROS MULTIPLES DE PUERTO RICO HECTOR E. VALDES ORTIZ, ESQ. 8461 LAKE WORTH ROAD SUITE 420 LAKE WORTH, FL 33467 | 24253  | Commonwealth of Puerto Rico  | Unsecured          | \$11,100.00* | Commonwealth of Puerto Rico            | Unsecured          | \$11,100.00 |
|   |  |        | the Proof of Claim, and/or additional,100.00 for the Claim, such amou                              |                    |              | imant and/or the Puerto Rico Fiso      | cal Agency and     |             |

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### ASSERTED

|   | NAME  | CLAIM# | DEBTOR   | PRIORITY<br>STATUS | AMOUNT       | DEBTOR                                | PRIORITY<br>STATUS | AMOUNT      |
|---|---|--------|--|--------------------|--------------|---------------------------------------|--------------------|-------------|
| 7 |   |        | Commonwealth of Puerto Rico  the Proof of Claim, and/or addition, and/or addition, one of the Claim, such amou   |                    |              | Commonwealth of Puerto Rico           | Unsecured          | \$10,000.00 |
| 8 | COOPERATIVA DE SEGUROS MULTIPLES DE PUERTO RICO HECTOR E. VALDES ORTIZ, ESQ. 8461 LAKE WORTH ROAD, SUITE 420 LAKE WORTH, FL 33467 | 25007  | Commonwealth of Puerto Rico  | Unsecured          | \$15,000.00* | Commonwealth of Puerto Rico           | Unsecured          | \$15,000.00 |
|   |   |        | the Proof of Claim, and/or addition the Claim, such amount of the Claim, and/or addition of the Claim of the Cl |                    |              | I<br>imant and/or the Puerto Rico Fis | cal Agency and     |             |
| 9 | COOPERATIVA DE SEGUROS MULTIPLES DE PUERTO RICO HECTOR E. VALDES ORTIZ, ESQ. 8461 LAKE WORTH ROAD SUITE 420 LAKE WORTH, FL 33467  | 25073  | Commonwealth of Puerto Rico  | Unsecured          | \$17,850.00* | Commonwealth of Puerto Rico           | Unsecured          | \$17,850.00 |
|   |   |        | the Proof of Claim, and/or addition, 7,850.00 for the Claim, such amou   |                    |              | imant and/or the Puerto Rico Fise     | cal Agency and     |             |

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### **ASSERTED**

|    | NAME  | CLAIM# | DEBTOR   | PRIORITY<br>STATUS | AMOUNT      | DEBTOR  | PRIORITY<br>STATUS       | AMOUNT      |
|----|---|--------|--|--------------------|-------------|---|--------------------------|-------------|
| 10 | ELEVEN ELEVEN CORP.<br>VERÓNICA MALAVÉ<br>PO BOX 305<br>CATAÑO, PR 00963-0305   | 9444   | Commonwealth of Puerto Rico  | Unsecured          | \$7,504.20* | Commonwealth of Puerto Rico                                   | Unsecured                | \$7,504.20  |
|    |   |        | the Proof of Claim, and/or addition, 504.20 for the Claim, such amoun  |                    |             | imant and/or the Puerto Rico Fisc                             | al Agency and            |             |
| 11 |   |        | Commonwealth of Puerto Rico  the Proof of Claim, and/or addition, and/or a |                    |             | Commonwealth of Puerto Rico imant and/or the Puerto Rico Fiso | Unsecured cal Agency and | \$50,000.00 |
| 12 | JARIDA GARCIA MELENDEZ AND FERNANDO BALMORI ALOMAR IN REPRESENTATION OF THE MINOR V.B.G. HARRY ANDUZE MONTAÑO, ESQ. 144 AVE. FERNÁNDEZ JUNCOS SAN JUAN, PR 00909 Reason: The Proof of Claim, do | 24610  | Commonwealth of Puerto Rico  | Unsecured          | \$6,000.00* | Commonwealth of Puerto Rico                                   | Unsecured                | \$6,000.00  |

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### **ASSERTED**

|    | NAME   | CLAIM# | DEBTOR   | PRIORITY<br>STATUS | AMOUNT       | DEBTOR                                 | PRIORITY<br>STATUS | AMOUNT      |
|----|--|--------|--|--------------------|--------------|--|--------------------|-------------|
| 13 | KERCADO FUENTES,<br>BELEN<br>300 AVE. BOX. 313<br>COND. ESTANCIAS DE<br>METROPOLIS<br>CAROLINA, PR 00987                             | 29606  | Commonwealth of Puerto Rico  | Unsecured          | \$20,000.00* | Commonwealth of Puerto Rico            | Unsecured          | \$20,000.00 |
|    |  |        | o the Proof of Claim, and/or addition 0,000.00 for the Claim, such amou    |                    |              | imant and/or the Puerto Rico Fisc      | cal Agency and     |             |
| 14 | M.R.C.C. MINOR REPRESENTED BY MOTHER EILEEN CORREA ATTORNEY ANTONIO BONZA TORRA 602 A.M. RIVERA, 6NMS BLDG OF 406 HATO REY, PR 00918 | 31888  | Commonwealth of Puerto Rico  | Unsecured          | \$10,000.00* | Commonwealth of Puerto Rico            | Unsecured          | \$10,000.00 |
|    |  |        | o the Proof of Claim, and/or addition 0,000.00 for the Claim, such amou    |                    |              | I<br>imant and/or the Puerto Rico Fiso | cal Agency and     |             |
| 15 | NATIONAL INSURANCE<br>COMPANY EN LIQUIDACIN<br>PO BOX 270043<br>SAN JUAN, PR 00928   | 363    | Commonwealth of Puerto Rico  | Unsecured          | \$11,053.36* | Commonwealth of Puerto Rico            | Unsecured          | \$11,053.36 |
|    | ,  |        | o the Proof of Claim, and/or addition<br>1,053.36 for the Claim, such amou |                    |              | I imant and/or the Puerto Rico Fise    | cal Agency and     |             |

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### **ASSERTED**

|    | NAME  | CLAIM# | DEBTOR   | PRIORITY<br>STATUS | AMOUNT       | DEBTOR                                 | PRIORITY<br>STATUS | AMOUNT      |
|----|---|--------|--|--------------------|--------------|--|--------------------|-------------|
| 16 | OSORIO IGLESIAS, EFRAÍN<br>LCDA. YESESNIA VARELA<br>COLÓN<br>CALLE ESCORIAL 382 URB.<br>CAPARRA HEIGHTS<br>SAN JUAN, PR 00920 | 8624   | Commonwealth of Puerto Rico  | Unsecured          | \$25,000.00* | Commonwealth of Puerto Rico            | Unsecured          | \$25,000.00 |
|    |   |        | to the Proof of Claim, and/or addition 5,000.00 for the Claim, such amount |                    |              | imant and/or the Puerto Rico Fise      | cal Agency and     |             |
| 17 | QBE SEGUROS<br>LCDO. FRANCISCO SAN<br>MIGUEL-FUXENCH<br>PO BOX 190406<br>SAN JUAN, PR 00919                                   | 58855  | Commonwealth of Puerto Rico  | Unsecured          | \$15,000.00* | Commonwealth of Puerto Rico            | Unsecured          | \$15,000.00 |
|    |   |        | the Proof of Claim, and/or addition 5,000.00 for the Claim, such amou      |                    |              | I<br>imant and/or the Puerto Rico Fiso | cal Agency and     |             |
| 18 | SUNC. LUIS D. FERNANDEZ GLADYS TORRES SILVA LCDA. ALICE HERNANDEZ AGOSTO PMB 333 BOX 607071 BAYAMON, PR 00960-7071            | 147555 | Commonwealth of Puerto Rico  | Unsecured          | \$10,091.00* | Commonwealth of Puerto Rico            | Unsecured          | \$10,091.00 |
|    | ,   |        | o the Proof of Claim, and/or addition 0,091.00 for the Claim, such amou    |                    |              | <br>imant and/or the Puerto Rico Fise  | cal Agency and     |             |